

PRINT OR TYPE ALL INFORMATION - PART 1 ONLY

<b>Part 1</b>		<b>Renewal Application For a Retired Law Enforcement Officer Permit to Carry a Handgun</b>									
(1) Last Name		First		Middle		(2) Residence Address		Street	City	State	Zip Code
(3) Date of Birth		(4) Age		(5) Place of Birth		City		State	(6) Municipal Code No.		(7) Social Security Number
(8) Sex		Height	Weight	Hair	Eyes	Race	(9) Date Firearms Qualification		(10) Home Telephone Number		(11) SBI Number
(12) Former Law Enforcement Employer		(13) Address of Employer								(14) Employer's Phone Number	
<p>(15) Have you ever been convicted of any domestic violence offense in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a deadly weapon?</p>											Yes or No
<p>(16) Have you ever been convicted of a crime that has not been expunged or sealed?</p>		Yes or No	<p>(17) Have you ever been confined to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim, or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.</p>								Yes or No
<p>(18) Are you an Alcoholic?</p>		Yes or No	<p>(19) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition? If Yes, give the name and location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.</p>								Yes or No
<p>(20) Were you ever dependent upon the use of narcotic or other controlled dangerous substance?</p>		Yes or No	<p>(21) Are you subject to any court order issued pursuant to Domestic Violence?</p>								Yes or No
		Yes or No	<p>(22) Signature of Applicant</p>					<p>The disclosure of my Social Security number is voluntary. Without this number, the processing of my application may be delayed. This number is used for document tracking purposes only and is considered confidential.</p>		<p>(23) Date of Application</p>	

**SAMPLE FORM**

**Part 2**

**STATE POLICE USE ONLY - DO NOT WRITE BELOW THIS LINE - STATE POLICE USE ONLY**

Approved ☐ Disapproved ☐ Specify \_\_\_\_\_

Permit No. \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_

Date Documents Forwarded: To Applicant \_\_\_\_\_ To Police Department \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent of State Police

(Affix Seal Here)